



State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/27/2007
Business ID: 542205
William M. Gardner
Secretary of State

North Concord Street Properties, LLC

100 ELM ST

NASHUA, NH 03060

ADDRESS OF PRINCIPAL OFFICE:

179 AMHERST STREET

NASHUA, NH 03064

REGISTERED AGENT AND OFFICE:

Prolman, Mark D

100 Elm St

Nashua, NH 03060

ENTITY TYPE: LLC

BUSINESS ID: 542205

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 20-3475633

ENGAGE IN THE BUSINESS OF OWNING (INCLUDING ACQUIRING),
IMPROVING, SELLING, MANAGING AND/OR LEASING REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Mark Prolman

STREET 100 Elm Street

CITY/STATE/ZIP Nashua, NH 303060

NAME Bernard N. Plante

STREET 179 Amherst Street

CITY/STATE/ZIP Nashua, NH 03064

NAME Kevin Slattery

STREET 179 Amherst Street

CITY/STATE/ZIP Nashua, NH 03064

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

State of New Hampshire
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WHEN THIS FOR
PUBLIC DOCUM

IT WILL BECOME A
PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO: